

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

RECEIVED

By Carol Day at 1:32 pm, Sep 16, 2015

INTOX DMT MAI	By Carol D	ay at 1:32 pm, Sep 16, 2015						
Complete this report at the time of the Complete this report whenever the in Retain the original and send a copy	nstrument is serviced or r	epaired and w	vhenever i	t is placed into	ed 35 days), service.			
500072 N	Missouri State Highway Patrol					DATE OF INSPECTION 09/12/2015		
LOCATION OF INSTRUMENT (STREET AND CITY) Boone County, Rt. WW at Rolli	3 and To	2dlings	St	TIME OF INSPECTION 02:55:54				
CHECKLIST: Place a mark in the b values where determined). Unmarke	ox by each item if found t d items must be correcte	o be satisfacto	ory or is o	perating within	established limits	. (Write in observed		
☑ DIAGNOSTIC RECORD								
DATE AND TIME <u>09/12/2015 02:55:56</u> ☑ DETE				ECTOR				
☑ PROGRAM	☑ PROGRAM ☑ FIL				LTER 1			
☑ SAMPLE CHAMBER 48.7°C ☑ FILTER 2								
☑ BREATH TUBE 43.1°C ☑ FILTER 3					,,,,,,			
☑ PUMP ☑ INTERNAL STANDAR					RD			
BREATH ANALYZER ACCURACY	STANDARDS			 				
☐ SIMULATOR STANDARD		× ×	COMPR	ESSED ETH	NOL-GAS MIXT	URE		
STANDARD SUPPLIER INTO	KIMETERS	LOT#_A	G402702		EXP. DATE	01/27/2016		
☐ SIMULATOR TEMP (34°C ± 0.2	(C)	SIMULATO	R SN	si	MULATOR EXP	DATE		
of .005 or less. Mark the box con 0.10% STANDARD - Mt 0.08% STANDARD - Mt	JST READ BETWEEN 0 JST READ BETWEEN 0	.095% AND 0 .076% AND 0).105% IN).084% IN	CLUSIVE				
☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% ANI EST 1: 0.077 TEST 2: 0.078			TEST 3: 0.077					
☑ PERFORM R.F.I. TEST					, 1201 0, 0,0) /	THE PARTY OF THE P		
NDICATE THE NUMBER OF BRE	ATH TESTS IN THE FO	DLLOWING F	RANGES	SINCE THE	LAST MAINTEN	ANCE REPORT:		
REFUSALS: 0 0-,04: 0	.0509: 1		014: 4		1519: 1	OVER .19: 0		
IST ANY NEW PARTS AND DESCRIBE ANY ALTER ESTABLISHED LIMITS (USE OTHER SIDE IF NECES	ATION OR MODIFICATION THAT W					AND WITHIN		
END BOONE COUNTY CHECKPOINT N	O 763/ROLLINS		•:•					
NSPECTING OFFICER								
GNATURE AMAGE			PRINT FULL NAME MARYLYN A DICKENS					
YPE II PERMIT NÚZEÉR 240388	EXPIRATE 11/13	ON DATE 3/2016		EPHONE NUMBER 73-751-100		77-		
RETURN COMPLETED REPORT 1	O THE Breath Alcohol Southeast Distr 2875 James Bl	rict Office			and Senior Servic	es		



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100

Fax: (314) 533-7328

Certificate of Analysis

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Test Date: 28-Jan-2014

Lot # AG402702

Exp. Date 27-Jan-2016

Cyl. Type

Component

Certified Concentration

Ethanol Nitrogen 0.080 ± 0.002 BrAC (208 ppm)

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u> EB0010581 EB0010570	<u>Concentration</u> 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm	Serial No. EB0010603 EB0010559 EB0010595 EB0010562	Concentration 392.5 ppm 258.9 ppm 208.9 ppm 104.9 ppm
EB0010285 EB0010561			
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2014,08,11 15:13:08-05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01